



October 23, 2014

Project No: IT-01 – Low Voltage Installation - For Miami Dolphin's Stadium

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES/GOALS TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a CSBE to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **FRIDAY OCTOBER 24, 2014, at 12 NOON (DUE TO THE NATURE OF THE PROJECT)** It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to twj@miamidade.gov**. If you have any questions, please contact me at (305) 375-3123.

Sincerely,

Tyrone White
Contract Certification Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
Phone: (305) 375-3123
Fax: (305) 375-3160
Email: twj@miamidade.gov



<http://www.miamidade.gov/internalservices/small-business.asp>

Please access the new Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: **Tyrone White**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: **Low Voltage Installation For Miami Dolphin's Stadium
(LABOR ONLY)**

PROJECT NUMBERS: **IT-01**

Estimated Contract Amount: **\$2,000,000.00**

(Scope of work and minimum requirements for this project is attached.)

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Low Voltage Installation For Miami Dolphin's Stadium
(LABOR ONLY)

PROJECT NUMBERS: IT-01

ESTIMATED CONTRACT AMOUNT: \$2,000,000.00

PROJECT DESCRIPTION

To provide low voltage installation at Dolphin Stadium.

Single Trade Project: **LABOR ONLY**

SCOPE OF WORK:

SEE ATTACHED (pgs. 2-8). **LABOR ONLY**

PROJECT CONDITIONS AND WORK BY OTHERS REQUIREMENTS:

SEE ATTACHED (pgs. 9-10).

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: twj@miamidade.gov or via fax (305) 375-3160 attention Mr. Tyrone White.

_____ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements as indicated in the Project Description, Scope of Work Requirement and Project Conditions and Work by Others Requirement sections and can perform the work as required.

_____ Proposer (PRIME) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the Project Description Scope of Work Requirement and Project Conditions and Work by Others Requirement sections.

Similar Contracts (Name of Project and Owner)	Project Completion Date	Contract Amount	Project Contact Person & Telephone for Verification

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ SIGNATURE: _____

TELEPHONE NUMBER: _____ E-Mail Address: _____